

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------------|-----------------|
| FEE DETERMINATION | <i>[Signature]</i> | | <i>8/18/00</i> |
| O.I.P.E. CLASSIFIER | | <i>29</i> | <i>8/24/00</i> |
| FORMALITY REVIEW | <i>[Signature]</i> | <i>852</i> | <i>09-28-00</i> |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> | <i>60105</i> | <i>1-6-00</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|-----------------|
| Final | |
| Original | <i>12/12/00</i> |
| 1 | <i>12/12/00</i> |
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| Claim | Date |
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| Final | |
| Original | |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

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